

The Cool City Pilot Program Application

I. APPLICANT INFORMATION

Name of Applicant:	County:
Address:	Phone:
Fax:	E-mail Address:
Contact Person:	Title:
Federal ID #:	MI Nonprofit #:
Applicant is:	
<input type="checkbox"/> Nonprofit Organization	
<input type="checkbox"/> Local Unit of Government (Population of Community:)	

II. PROJECT IS LOCATED IN:

- | | |
|---|---|
| <input type="checkbox"/> Core Community | <input type="checkbox"/> Michigan Main Street |
| <input type="checkbox"/> One of 267 "Invited" communities | <input type="checkbox"/> Blueprint community |

III. COMMUNITY HAS A LOCAL COOL CITY ADVISORY GROUP:

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

IV. AUTHORIZED SIGNATORY

Name and Title (Print or Type), Signature and Date

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- V. **RESOURCE TOOLBOX:** The Cool City Pilot Program combines more than 100 of the state's community improvement grants, loan programs, and assistance programs into a single

“resource toolbox” that can be used by cities and communities for revitalization projects. The program also creates a new “catalyst grant” that will serve as a flexible tool for those organizations engaged in neighborhood revitalization projects. Together, the toolbox and the catalyst grants leverage millions of dollars that will be strategically directed to revitalization projects that present the best opportunity to create higher density, mixed-use, pedestrian friendly neighborhoods that attract and retain a variety of residents.

The attached “resource toolbox” lists all of the tools, grouped by the relevant state department, and numbered for easy reference. Carefully review these tools, and indicate using the table below, any tools (in addition to the catalyst grant) that would help you create a neighborhood that is vibrant and attractive. If you or your partners in the neighborhood are already using, or have applied for, any of these tools please indicate that also.

Department/ Division	Resource #	Interest? Yes or No	Applied For or Received?	Briefly Describe the Need That This Resource Will Address
MI Dept. of Labor & Economic Growth (DLEG)- MI State Housing Development Authority (MSHDA)	001			
	002			
	003			
	004			
	005			
	006			
	007			
	008			
DLEG- MI Economic Development Corporation (MEDC)	009			
	010			
	011			
	012			
	013			
	014			
	015			
	016			
MDLEG – MI Broadband Development Authority (MBDA)	017			
	018			
	019			
	020			
MI Dept. of History, Arts and Libraries (HAL) -MI Council for Arts and Cultural Affairs (MCACA)	021			
	022			
	023			
	024			
	025			
	026			
	027			
	028			
HAL- State Historic Preservation Office (SHPO)	029			
	030			
	031			
	032			
	033			
	034			
	035			
	036			
HAL- Library of Michigan	037			
	038			
	039			
	040			

Department/ Division	Resource #	Interest? Yes or No	Applied For or Received?	Briefly Describe the Need That This Resource Will Address
MI Dept. of Transportation (MDOT)-Transportation Economic Development and Enhancement (TDE)	041			
	042			
	043			
MDOT – Region Offices	044			
MDOT-Roadside Development	045			
MDOT-Planning	046			
MDOT-Real Estate	047			
MI Dept. of Environmental Quality (MDEQ)-Environ. Science and Services Division (ESSD)	048			
	049			
	050			
	051			
	052			
	053			
	054			
	055			
	056			
MDEQ-Waste and Hazardous Mat.	057			
MI Dept. of Natural Resources (MDNR)-Grants	058			
	059			
(MDNR)-Forest, Mineral and Fire Mgmt.	060			
MI Dept. of Agriculture – Ag Development	061			
	062			
MI Dept. of Ag- Environmental Stewardship	063			
	064			
MI State Police-Emergency Management	065			
	066			
MI State Police- MI Commission on Law Enforcement Standards	067			
	068			
	069			
MI State Police-Auto Theft Prev.	070			
	071			
MI State Police-Highway Safety Planning	072			
	073			
	074			
	075			
	076			
MI State Police-Uniform Svs. Bureau	077			
	078			
MI Dept. of Treasury-Local Gov't. Svs.	079			
	080			
	081			
	082			
MI Dept. of Treasury-Bond Finance	083			
MI Dept. of Treasury- Customer Service	084			
MI Dept. of Treasury- Student Financial Svs.	085			
MI Dept. of Treasury- Financial Services	086			
MI Dept. of Community Health (MDCH)-Office of Drug Control Policy	087			
	088			

Department/ Division	Resource #	Interest? Yes or No	Applied For or Received?	Briefly Describe the Need That This Resource Will Address
MDCH-Public Health	089			
	090			
	091			
	092			
	093			
MDCH-Health Policy	094			
MDCH- Mental Health	095			
MDCH-Aging	096			
MI Dept. of Correction (MDOC)	097			
	098			
	099			
	100			
	101			
MI Dept. of Civil Rights	102			
MI Dept. of Management and Budget (MDMB)- Acquisition Svs.	103			
	104			
	105			
	106			
	107			
MDMB-Facilities	108			
	109			
	110			
MDMB-Asset Mgmt.	111			
	112			
	113			

VI. NEIGHBORHOOD DESCRIPTION

A. Current: A description of the neighborhood “context” is necessary in order for application reviewers to determine if your plan has the potential to create a higher density, pedestrian friendly, mixed-use neighborhood. Describe the current conditions in the target neighborhood: (Attach a map of the neighborhood.)

1. Arts and Culture (galleries, museums, cultural centers, etc.)

☐ Yes ☐ No Explain:

2. Higher density (residential and commercial)

☐ Yes ☐ No Explain:

3. Mixed-income housing opportunities

☐ Yes ☐ No Explain:

4. Pedestrian-friendly environment/pedestrian activity

☐ Yes ☐ No Explain:

5. A Champion neighborhood/organizing mechanism

☐

Yes

☐

No

Explain:

6. Support of local unit of government (consistent code enforcement, included in Master Plan, etc.)

☐

Yes

☐

No

Explain:

7. Historic District (and/or building stock with historical character)

☐

Yes

☐

No

Explain:

8. Recreation opportunities/parks

☐

Yes

☐

No

Explain:

9. Clean/cared for public and private space (i.e. Maintenance District)

☐

Yes

☐

No

Explain:

10. Commercial/retail (basic goods and services, as well as entertainment venues or other niche commercial)

☐

Yes

☐

No

Explain:

11. Food venue options (restaurants/grocery stores)

☐

Yes

☐

No

Explain:

12. Neighborhood revitalization or economic development plan

☐

Yes

☐

No

Explain:

13. Existence of broadband (e.g., hotspot) or infrastructure to support high-speed internet access

☐

Yes

☐

No

Explain:

14. Accessibility (including universal design for life span inclusion)

☐

Yes

☐

No

Explain:

- B. Future:** Identify the specific neighborhood characteristics listed above that will be improved or enhanced as a result of the Cool City Pilot Program, and describe how they will be different. In other words, describe your plan, and the impact it will have on the neighborhood.

- C. Partners:** Identify the partners and collaborators that are currently working with you in the neighborhood. (e.g. Community Foundations, Chamber of Commerce, Churches, etc.) Provide names and titles, and describe their role and activities.
(Indicate partners of the Catalyst Project in the Budget section.)

- D. Private Investment:** Describe the private investment that is in progress or planned for this neighborhood. (Indicate private investment in the Catalyst Project in the Budget section.)

- E. Local Economic/Community Development Incentives:** List and describe any local incentives such as Renaissance Zone, Neighborhood Enterprise Zone, etc. resources that are linked with the neighborhood.

VII. CATALYST PROJECT DESCRIPTION:

1. Provide a description of the Catalyst Project (as a component of the larger, Cool City Pilot Program in your neighborhood), including how it is strategic and will act as a “catalyst” to help create or sustain a neighborhood that is attractive, and will attract and retain a variety of residents. (NOTE: The emphasis here is on the neighborhood as *“a nice place to live.”*)

2. Provide a more detailed description of the Catalyst project including:

- Street Address or street boundaries

- Detailed information about the Catalyst project such as: retail, arts, cultural, or business uses; linear feet of sidewalk; number of residential units to be developed; distribution of square footage; proposed tenants; etc.

- The development schedule or timeline (Catalyst projects must have a formal start-date prior to December 31, 2004, as evidenced by signed construction contract, development agreements, etc.).

- Evaluation plan, which should include measurable indicators of success.

VIII. APPLICANT EXPERIENCE: Describe the applicant's experience and capacity to implement this Catalyst project (e.g. experience with similar, completed projects, etc.). If this project is a partnership between a for-profit developer and a local unit of government or non-profit organization, identify and describe the experience of all partners.

IX. CATALYST PROJECT BUDGET – Attach additional pages if you need to provide more detail than this chart allows.

ACTIVITY	Project Activity	Total Project Budget	Catalyst Project Amount Requested	Amount Leveraged From Other Sources(1)	Sources(2)	Committed Yes or No(3)
Physical infrastructure						
Façade improvements						
Streetscape						
Land acquisition						
Rehabilitation or new construction						
Demolition						
Greenspace/parks						
Farmer's Markets						
Outdoor Recreational Facilities						
Other:						
TOTAL						

1. If "in-kind" please explain (and assign a dollar value if possible.) Include private equity amt.
2. List all collaborators/partners/investors
3. Attach proof of commitment

X. Attachment Checklist

- ☐ Map of the neighborhood
- ☐ Copy of citywide or neighborhood economic development/revitalization plan with portions highlighted that pertain to this application
- ☐ Photos of the project/neighborhood (digital if possible)
- ☐ Catalyst Project financial statement (development pro forma or other worksheet), describing as much detail as currently available about the sources and uses of funds for the project.
- ☐ Resumes of all key project implementers, e.g. applicant, sponsor, contractor, developer, etc.
- ☐ Documentation of commitment of additional project resources/leverage

Completed, properly bound applications MUST BE RECEIVED BY THE MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY, BY 5:00PM, FRIDAY, MAY 7, 2004. Please send 10 copies of the application and attachments to Julie Hales-Smith, Office of Community Development, Michigan State Housing Development Authority. For information email or call (halesj@michigan.gov or 517-373-6026.)

If any information requested in the application is missing or incomplete, the application will not meet threshold criteria.

**Street Address: 735 E. Michigan Avenue, Lansing, MI 48912
Post Office Address: P. O. Box 30044, Lansing, MI 48909**